STATE FORM

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Micontinuation sheet 1 of 5

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A, BUILDING: 01 R B. WING 08/12/2015 FCL017009 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP COOE 2446 CHERRY GROVE ROAD TERRY CARE HOME YANCEYVILLE, NC 27379 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL /EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR USC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) (C 000) Initial Comments {C 000} Report by Glenn Hoppin DHSR Construction Section conducted a Biennial CONSTRUCTION SECTION: Follow-up Survey on August 12, 2015 from 9:00 AM to 10:00 AM at the above referenced facility. OCT 0 3, 2015 Not all of the previously cited deficiencies were RECEIVE corrected. Therefore, further action is required. The remaining deficiencies are as follows: (C 117) (C 117) Have Current San, And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: The staff could not locate the current Fire and William Rapeel Sanitation Inspections. Provide copies of the 415/15 most recent fire and sanitation inspection reports to DHSR/Construction Section with the signed Plan of Corrections. Maintain copies of the yearly inspections at the facility. 08/12/2015 GH At the time of the follow up inspection the sanitation inspection had not been completed. Provide copies of a current approved Sanitation inspection to the DHSR Construction Section. (C 152) Floors (C 152) 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE OGO DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: 01		(X3) DATE SURVEY COMPLETED				
		A. BUILDING: VI		R				
FCL017009		B, WING		08/12/2015				
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY.	STATE, ZIP CODE				
TERRY CARE HOME 2446 CHERRY GROVE ROAD YANCEYVILLE, NC 27379								
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID PROVIDER'S PLAN OF CORRECTION (X5)					
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	HOULD BE COMPLETE			
(C 152)	Continued From page 1		(C 152)	1				
	to be easily cleanab (b) Scatter or throw (c) All floors shall I This Rule is not me 1. The dining room	w rugs shall not be used. be kept.in good repair.			Jul.cl.			
	vendor to properly p	patch or replace the flooring in rovide documentation of the		Will be repaired	מן פוף			
	time of the survey.	deficiency remained at the Provide documentation to the DHSR Construction						
(C 174)	Building Equipment	Maintained Safe, Operating	(C 174)					
	EQUIPMENT  (a) The building ar mechanical, and plucare home shall be operating condition.	17 BUILDING SERVICE  and all fire safety, electrical, ambing equipment in a family maintained in a safe and						
	and the washing ma Contract a licensed Provide documenta	the pump was not working achine could not be used. plumber to repair the pump. tion for the repairs.	!	This faculty has washing madeine. This been approved by oss. wake all launday to be to a launday mat were has been reparried	no skop 10/15/5 we wester			
	adjacent to dining, t and the flow was "s	was run in the hall bath the water pressure was low pitting," possibly due to the tract a licensed plumber to fix		Has been reparied	wholes			
	111							

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
INCH I I TONIBERC		A. BUILDING: 01		COMPLETED				
		FCL017009	B. WING		R 08/12/2015			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
TERRY CARE HOME 2448 CHERRY GROVE ROAD								
YANCEYVILLE, NC 27379								
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
(C 174)	Continued From page 2		(C 174)					
	the problem.		,					
	The light is out or table lamp has been for light. The lamp is provide sufficient light Replace the bulb in fixture is not working electrician to replace.	ver the bathroom vanity. A n plugged into a wall socket s neither safe nor does it ht for bathing and dressing, the light fixture and if the g, contract a licensed the light. Remove the lamp Provide documentation of the		will be reposed	10/15/15			
	are broken. Contrac	in the front corner bedroom at a qualified vendor to repair Provide verification of the		will be repaired	14/5/15			
	7. The grab bar on to bathroom is loose.	the toilet in the back Secure the grab bar,		will be repound	19/15/15			
	back bathroom has o licensed plumber to	und the toilet base in the come loose. Contract a remove the old wax seal and vide documentation of the		Les been repaired mu times. We have a resident 300 lbs. We do the heat	tople tops to			
	exterior trim at the ro	ashing is coming off the of edge outside of the back tract a qualified vendor to		will be reparred	(0)15/15			
	masonry along the fr the window of the sto qualified professiona secure and make any documentation of the 08/13/2015GH These	substantial cracks in the font right comer and below brage room. Contract a if to verify that the structure is y necessary repairs. Provide report and repairs, e deficiencies remained at y. Provide documentation		will be reported	(0/15)15			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 FCL017009 B. WING 08/12/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2446 CHERRY GROVE ROAD TERRY CARE HOME YANCEYVILLE, NC 27379 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XE) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) {C 174} Continued From page 3 (C 174) verifying the repairs to the DHSR Construction Section. (C 106) Construction-Steps (C 106) C. The Home 2. Construction - must meet the residential building code requirements of North Carolina Insurance Department and be a one family type residence as follows: There is a hand rail Slight on the wall. Has been there every since the facility was built multiple pictures have truth multiple pictures have there sent and know what to see it I don't know what to say but the hand rail is g. Steps must be protected by handrails. This Rule is not met as evidenced by: 1. There are steps leading from the kitchen to the staff area where the second means of egress is located. The steps do not have handrails, Contract a qualified vendor to install handrails along both sides of the steps. Provide verification of the repairs. 08/12/2015GH The Above listed deficiency remains. Provide documentation verifying the repair to the DHSR Construction Section when the repair is completed. {C 114} Bathroom {C 114} C. The Home 3. Arrangement and Size of rooms f. Bathroom Located as conveniently as possible to the bedrooms. (2) In existing buildings one full bathroom for eight or less persons including family living in. (3) In buildings to be constructed one full bathroom for five or less persons including family living in. (4) Entrance cannot be through a kitchen, Division of Health Service Regulation

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING: 01		(X3) DATE SURVEY COMPLETED					
		FCL017009	B, WING		R 08/12/2015				
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY.	STATE, ZIP CODE					
TERRY CARE HOME 2446 CHERRY GROVE ROAD									
YANCEYVILLE, NC 27379									
(X4) ID PREFIX YAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL ' REGULATORY OR USC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE				
(C 114)	Continued From page	ge 4	{C 114}						
	(5) Hand grips must commodes, tubs an (6) Floors must hav covering. (7) All bathroom do minimum. (8) Well lighted, heat This Rule is not me 1. There is not a grandjacent to the dining vendor to install a grandocumentation of the 08/13/2015GH This time of the survey.	d showers, te non-slippery waterproof ors must be 2 ' 8 " wide ated and ventilated. It as evidenced by: ab bar at the hall toilet g room. Contract a qualified tab bar. Provide		Will be added	10/15/15				
(C 126)	Smoke and heat det	ectors	(C 126)						
	of combustion type sidetectors as determined Services and U.L. approved heat detect basement. All units operated by house of this Rule is not met 1. The heat detector which does not appead to the coverage and that met detector and detector and that met detector and detector a	single station U.L. products moke ned by the Division of Facility tors in the attic and must be urrent.		The heat detector in attic Was pertine alongs of the charis on old it does not begin will be installed	the dwind 10/000				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 FCL017009 B. WING\_ 08/12/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2446 CHERRY GROVE ROAD TERRY CARE HOME YANCEYVILLE, NC 27379 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) (C 126) Continued From page 5 (C 126) must be wired to the house current and have a separate sounding device. Provide documentation of the installation. 08/13/2015GH This deficiency remained at the time of the survey. Provide documentation verifying the repair to the DHSR Construction Section.

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